

ENGINEER'S PROFESSIONAL SERVICES COST PROPOSAL

State of Montana - Department of Administration
Architecture & Engineering Division

FORM 117E

(09-01-96)

PROJECT: _____

A/E # _____

LOCATION: _____

DATE: _____

FIRM: _____

ADDRESS: _____

| ENGINEER'S BASIC SERVICES | |
|---|-----------|
| PRELIMINARY DESIGN PHASE | COST |
| 1. Data Gathering with Owner/Agency, _____ Hours @ \$ _____ Per Hour: | \$ |
| 2. Coordination with Consultants: | \$ |
| 3. Project Design: | \$ |
| 4. Printing and Distribution, _____ Sets @ \$ _____ Per Set: | \$ |
| 5. Review/Approval/Response: | \$ |
| PRELIMINARY DESIGN PHASE TOTAL | \$ |

| CONSTRUCTION DOCUMENT PHASE | |
|--|-----------|
| 1. Coordination with Consultants: | \$ |
| 2. Project Design, Document/Specification Production: | \$ |
| 3. Printing and Distribution, _____ Sets @ \$ _____ Per Set: | \$ |
| 4. Review/Approval/Response: | \$ |
| CONSTRUCTION DOCUMENT PHASE TOTAL | \$ |

| BIDDING PHASE | |
|--|-----------|
| Coordination with Bidders (telephone costs, faxes, addenda, etc.): | \$ |
| BIDDING PHASE TOTAL | \$ |

| CONSTRUCTION PHASE | |
|---|----|
| 1. Preconstruction Meeting @ Project Site: | \$ |
| 2. Engineer's Site Visits, _____ Trips @ \$ _____ Per Trip _____ Travel Hours, _____ Hours On-Site | \$ |
| 3. Consultant's Site Visits, _____ Trips @ \$ _____ Per Trip _____ Travel Hours, _____ Hours On-Site | \$ |
| 4. Construction Administration (reports, telephone costs, faxes, change orders, etc.): | \$ |
| 5. Shop Drawing Review: | \$ |
| 6. Project Closeout: | \$ |
| | |

| | |
|---------------------------------|----|
| CONSTRUCTION PHASE | |
| <i>CONSTRUCTION PHASE TOTAL</i> | \$ |

| | |
|------------------------------------|-----------|
| <i>TOTAL STIPULATED SUM</i> | \$ |
|------------------------------------|-----------|

| | |
|---|----|
| ENGINEER'S ADDITIONAL SERVICES | |
| 1. Site Survey, _____ Hours @ \$_____ Per Hour: | \$ |
| 2. Geotechnical Investigation: | \$ |
| 3. Preliminary & Construction Survey Staking, _____ Hours @ \$_____ Per Hour: | |
| 4. Record Mylar Drawings: | \$ |
| 5. Warranty Inspections: | \$ |
| 6. Testing, _____ Hours @ \$_____ Per Hour: | \$ |
| 7. Specialized Equipment, _____ Hours @ \$_____ Per Hour: | \$ |
| | |

| | |
|---|----|
| ENGINEER'S SUPPLEMENTAL/OTHER SERVICES (ITEMIZE) | |
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| | |

I hereby certify that this submitted professional services cost proposal is inclusive of all labor, supervision, overhead, profit, travel costs, per diem, lodging, materials, supplies, and all other items directly or indirectly related to the professional services for which I am contracting with the Owner.

Submitted by: _____
 (Engineer) (Name) (Date)